



Tuberculosis

In this issue of the *Journal*, Richard Frankel MD MPH authors an article as a caveat to physicians to be aware of the increasing incidence of TB in the United States and in our community in particular. To make the point, he cites the case of 2 physicians in the State who "developed" acute TB.

Two cases are a very small cohort, but the portent for more is a concern. Frankel focuses on physicians, but the broader viewpoint should encompass all the other health care givers that are at risk as well, being involved with the care of a population that includes increasing numbers of people with HIV and AIDS, as well as the presence in our community of a large number of Asia-Pacific immigrants.

Since submitting his article, Frankel has given up his post as head of the TB division of the State Health Department. We are concerned that the Division not remain without top guidance for long.

As we go to press, the *Honolulu Advertiser* of 10 September 1991 reports that the State "may drop food-handler TB tests." There is logic in this move — on the basis of past experience, that is — because the benefit did not warrant the cost. However, based on Frankel's warning of a resurgence of viability of *M. tb* in a population at greater risk, perhaps the program needs to be thoroughly re-evaluated; it should not have been dropped unlawfully, it seems.

As an aside, we are also quite concerned that the DoH has given up, as of earlier this year, the Child Health Conferences statewide. Instead, we've been told that the Public Health Nurses now run "Immunization Clinics" only. To be sure,

these are open 5 days a week at Public Health Centers in many locations, but for only 2 hours in the morning. Mostly, both parents work!

The shots or drops are given without a prior check-up by a physician or a nurse practitioner; we do not consider this to be good medical practice. The stated reason for this change in DoH tactics is exemplary in the sense that it is intended to encourage parents to seek a private family physician or a pediatrician for their children: Cal Sia's theme that "every child should have a medical home." However, it seems to us that the build up of obstacles by fractionated care is a major cause of the drop in the numbers of immunized children in our society.

When private physicians who examine children find it nearly impossible to provide immunizations because of the high cost of the vaccines, their short shelf-lives and inadequate insurance reimbursement, then referring the kids to the public immunization centers, the rate of parental compliance drops significantly. This is not the way to go!

This applies equally to the testing for TB. Why was the Tine Test no longer allowed? It was quick, cheap, easy to administer and "painless." A positive could easily be followed-up. The Mantoux is another "dreadful shot!" For a private physician to stock up on the PPD is a financial deficit.

Is this affluent nation so set on dollar deficits that it is trending toward rationing health care already? If so, our priorities are way off!

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This Week at the AMA

James S. Todd MD
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Editor

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The AMA's Department of Geriatric Health estimates that the over-65 population of the United States, with its increased incidence of disease and disability, will more than double, from 28 million in 1985 to 64 million by the year 2020.

Because of a concomitant decline in birth rate by that time, 1 in 5 Americans will be of retirement age, according to the AMA.

We gather from the above that the other 4 of 5 Americans will be burdened not only by raising kids and putting them through college, but also burdened by the care of their elders — not only their parents but also their grandparents!

As for the physicians in practice in the second millenium, most will have to be geriatricians!

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